10/25/2012 18:07

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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| | | | <u></u> | | |
|---|------------------------|--|-------------------------|---|--|
| NAME OF COMMITTEE IN FULL Friends of Dave Joyce | | | 7 | | |
| ADDRESS (number and street) 320 Kenarden Drive | | | \dashv | | |
| | | | | | |
| CITY, STATE, and ZIP CODE | | | | | |
| Cleveland | | OH 44143-3710 | | | |
| 2. NAME OF CANDIDATE David P Joyce | House | 3. OFFICE SOUGHT (State and District) House OH 14 | | 4. FEC IDENTIFICATION NUMBER C00527457 | |
| | House | On 14 | C00527457 | | |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING | YES, IT AMENDS THE | E NOTICE FILED ON | /// | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Name of Employer | | Amount | |
| Rick Doody | Brio/Bravo Restau | Brio/Bravo Restaurant Group | | | |
| | | | | 2500 | |
| 13400 County Line Road | | T | | | |
| | | Transaction ID : 980000 Occupation | | | |
| Chagrin Falls OH 44022-666 | · · | CEO | | | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount | |
| Tammy Doody | Homemaker | | | | |
| Tallilly Boody | Tiomemaker | Tomemaker | | 2500 | |
| 13400 County Line Road | | | 10/25/2012 | | |
| | Transaction ID: 98 | Transaction ID: 981000 | | | |
| Chagrin Falls OH 44022-666 | Occupation | | | | |
| | None | | | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount | |
| Floyd Schlossberg | Alden Mgmt Services | | day, your, | | |
| 4200 W Peterson Avenue | | | 10/25/2012 | 1000 | |
| 4200 W Feleison Avenue | Transaction ID : 0 | Transaction ID : 982000 Occupation Executive | | | |
| | | | | | |
| Chicago IL 60646-607 | · A ' | | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | | Amount | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Occupation | Occupation | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Name of Employer | | Amount | |
| E. FOLE NAME, MAILING ADDRESS AND ZIF CODE | Name of Employer | Name of Employer Occupation | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Occupation | | | | |
| | | | | | |
| SIGNATURE (optional) Scott Coleman | | [Electronically Filed] | | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 | |
| | [Electronically Filed] | | | | |
| | | | Toll Free 800-424-95 | 30, Local 202-694-1100 | |

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

